



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351.

TELEPHONE: (661) 252-1816

OWNER OF BUSINESS: HONGLI HU

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ORIENTAL MASSAGE

MAILING ADDRESS: 18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/22/15	ddo
<input checked="" type="checkbox"/> 4. Fire Department	YES	03/25/16	nlove
<input checked="" type="checkbox"/> 5. Public Health	YES	03/14/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	09/22/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/22/15	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/31/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/22/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

ID # 142453

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>18520 Soledad Canyon Rd #D, Santa Clarita CA 91351</u>	
DBA (Business Name): <u>ORIENTAL MASSAGE</u>	Business Telephone: <u>661 252 1816</u>	
	Mailing Address: <u>18520 Soledad Canyon Rd #D, Santa Clarita CA, 91351</u> <u>fu li hua 2014 @ gmail . com</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>Nov 04 2013</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>FULI HUA INC</u>		
Names of Officers	Addresses	Titles
<u>Hong Li Hu</u>	<u>18520 Soledad Canyon Rd #D, Santa Clarita CA 91351</u>	
<u>Wen Yu Zhang</u>	<u>18520 Soledad Canyon Rd #D, Santa Clarita CA 91351</u>	

APPLICANT INFORMATION

Applicant's Full Name: <u>Hong Li Hu</u>		
Home Address: <u>[REDACTED]</u>		
Home Telephone:	Cell Phone: <u>[REDACTED]</u>	Email address: <u>fu li hua 2014 @ gmail . com</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>[REDACTED]</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>[REDACTED]</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
	Hair Color: <u>[REDACTED]</u>	Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 06/17/15 Applicant's Signature: Hong Li Hu
Application taken by: MB Date: 6-17-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 252-1816**

OWNER OF BUSINESS: **HONGLI HU**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ORIENTAL MASSAGE**

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**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*We recommend approval at
this time.*

SIGNATURE: *D. Hamrick*

DATE: *6/18/15.*

06/30/2015 TUE 10:16 FAX 5612861134 --- FS 107

0004/004

3232637342

08.14.14 a.m. 06-29-2015

17/20

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

107

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351

TELEPHONE: (661) 252-1816

OWNER OF BUSINESS: HONGLI HU

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ORIENTAL MASSAGE

MAILING ADDRESS: 18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 7/2/15

BASIC LICENSE NO. 8430

DATE 06/18/15

IDENTIFICATION NUMBER 142453



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351

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OWNER OF BUSINESS: HONGLI HU

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ORIENTAL MASSAGE

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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

NONE

SIGNATURE:

L. Martinez
L. MARTINEZ
REHS 626.430.5 182

DATE:

2/25/2016

BASIC LICENSE NO. 8430

DATE 01/20/16

IDENTIFICATION NUMBER 142453

✓

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**


15-06751

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 252-1816**

OWNER OF BUSINESS: **HONGLI HU**

CAL. DR. LIC.#: 

5/13/63

"Jury"

Zhang, Wenyu

10/17/63

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ORIENTAL MASSAGE**

MAILING ADDRESS: ~~18520 SOLEDAD CYN RD D, SANTA CLARITA, CA 91351~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 53642

DATE: _____

9/18/15

BASIC LICENSE NO. **8430**

DATE **06/18/15**

6/18

IDENTIFICATION NUMBER **142453**

Saved TIC Tony 9/12

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

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**BUSINESS LICENSE
APPLICATION REFERRAL**

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DATE THAT YOU STARTED BUSINESS:

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THIS IS AN APPLICATION FOR: **NEW LICENSE**

REGIONAL PLANNING

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor 07015-1159

SIGNATURE: *Agneta Hu*

DATE: 6/18/15